

# **Exhibit B**

# **EXHIBIT 2**

5/11



PT NAME: TINLIN, DEBRA A  
 MR #: 00439424 ACCT#: [REDACTED]  
 ADMIT: 05/04/2005  
 SERVICE: 05/07/2005  
 ORDERING MD: Steven Bittorf, MD

ADM MD: Diane K. Christel, MD  
 FAM MD: Diane K. Christel, MD  
 DOB: [REDACTED] SEX: F AGE: 41  
 REQ #: XAJ169.05 PT LOC: 3N-S 348T  
 DICT MD: Joshua Riebe

DX: Filter placement. Bilateral DVT.  
 ORDER: SP IVC FILTER PLACEMENT  
 DATE OF EXAM: 05/07/2005

CORRECTED REPORT. TITLE CHANGED PER DR. RIEBE

ULTRASOUND GUIDED VESSEL ACCESS, CAVOGRAM, IVC FILTER PLACEMENT FLUOROSCOPICALLY  
 Comparison CT scan of chest with intravenous contrast for 5/4/05.

**CLINICAL INDICATIONS**

Hypercoagulable patient with history of DVT and PE. Exact cause of hypercoagulability is not known. Clinician requested that removable caval filter be placed for diagnostic reasons.

**PROCEDURE**

After describing risks, benefits, and alternatives to the procedure, written consent was obtained.

The patient was placed on the fluoroscopy table in the supine position. The right groin was prepped and draped in routine sterile fashion.

Ultrasound guidance was used to enter the right common femoral vein with a 19-gauge vascular needle after infiltrating the overlying skin with 1% buffered Lidocaine.

A 3-J wire was placed into the inferior vena cava. Over this, a 5-French pigtail catheter was inserted. Cavogram was performed.

The wire was then replaced within the inferior vena cava. The deployment device sheath and dilator was then placed through the groin and into the inferior vena cava. The Bard recovery cava filter was then deployed in the infrarenal location without difficulty. The catheter was removed from the groin and pressure was applied until hemostasis was achieved.

**FINDINGS**

Patent and compressible right common femoral vein under ultrasound guidance. Cava is rather prominent in transverse diameter. Calculation was made based off of vertebral body correlation from CT scan chest. This estimated that the cava was between 28 and 29mm, which was at the upper limits of cava size for recovery filter. This was deployed carefully and set well with the filter demonstrating good position at the conclusion of the procedure

**COMPLICATIONS**

None.

**IMPRESSION**

Technically successful placement of an infrarenal inferior vena cava Bard recovery filter without immediate complication.

**RADIOLOGY REPORT**

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\*\*\*Report Status: F

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FAM MD: Diane K Christel, MD  
DOB: [REDACTED] SEX: F  
REQ #: XAJ169.05 PT LOCATION: 3N-S 348T  
DICT MD: Joshua Riebe

JR/rm  
DD: 05/07/2005 5:30 P  
DT: 06/23/2005 3:42 P  
Doc#: 655782  
cc: Steven Bittorf, MD  
Diane K Christel, MD

*Electronically Signed by  
Joshua Riebe 06/24/2005 08:33*

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